BlueCross BlueShield of New Mexico

Reimbursement Policy

Policy Number: RPLAB044	**Policy Title:** Lyme Disease Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. For individuals with a history of travel to a region endemic for Lyme, serologic testing (2-tier testing strategy using a sensitive enzyme immunoassay/EIA or immunofluorescence assay, followed by a western immunoblot assay or FDA-cleared second EIA assay) **may be reimbursable** in **any** of the following situations:
    a. For individuals with early signs and symptoms of untreated Lyme disease (see **Note 1**) who have a known tick exposure or a known environmental exposure (e.g., outdoor activities, contact with wildlife);
    b. For individuals with later signs and symptoms of untreated Lyme disease (see **Note 1**) who may or may not have a known tick exposure;
    c. For individuals with acute myocarditis/pericarditis of unknown cause;
    d. For individuals with meningitis, encephalitis, or myelitis;
    e. For individuals with painful radiculoneuritis;
    f. For individuals with mononeuropathy multiplex including confluent mononeuropathy multiplex;
    g. For individuals with acute cranial neuropathy.

2. When symptoms persist for individuals who tested negative by serologic testing, repeat serologic testing (no sooner than four weeks after previous test) **may be reimbursable.**

3. Serologic testing **is not reimbursable** in **any of** the following situations:
    a. For individuals with an erythema migrans/EM rash. see **Note 1**);
    b. To screen asymptomatic individuals;
    c. For individuals presenting solely with one of the following without additional signs or symptoms of Lyme disease;
        i. Amyotrophic lateral sclerosis;
        ii. Relapsing-remitting multiple sclerosis;
        iii. Parkinson's disease;
        iv. Dementia/ cognitive decline, or new-onset seizures;
        v. Psychiatric illness.

4. Polymerase chain reaction/PCR -based direct detection of B. burgdorferi in CSF samples **may be reimbursable** and may replace serologic documentation of infection in

patients with a short duration of neurologic symptoms (<14 days) during the window between exposure and production of detectable antibodies.

5. For individuals who have previously tested positive for Lyme disease, repeat serologic testing **is not reimbursable**.

6. All other testing for *Borrelia burgdorferi* not described above **is not reimbursable**.

7. For the diagnosis of Lyme disease, testing of the individual tick **is not reimbursable.**

Note 1: Early signs and symptoms of untreated Lyme disease (three to thirty days after tick bit) include the following: (3,4)

- Fever
- Chills
- Headache
- Fatigue
- Muscle and joint aches
- Swollen lymph nodes
- Erythema migrans rash*

Later signs and symptoms of untreated Lyme disease (days to months after tick bite) include the following: (3)

- Severe headaches and neck stiffness
- Additional erythema migrans rash on other areas of the body*
- Facial palsy
- Arthritis with severe joint pain and swelling, particularly the knees and other large joints
- Intermittent pain in tendons, muscles, joints and bones
- Heart palpitations or an irregular heartbeat
- Episodes of dizziness or shortness of breath
- Inflammation of the brain and spinal cord
- Nerve pain
- Shooting pains, numbness, or tingling in the hands or feet.

*When individuals present with one or more skin lesions compatible with erythema migrans, clinical diagnosis of Lyme disease can be made without laboratory testing and treatment should be provided to those individuals without additional testing. (5-8)

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
86617	LYME DISEASE ANTIBODY
86618	LYME DISEASE ANTIBODY
87475	LYME DIS DNA DIR PROBE
87476	LYME DIS DNA AMP PROBE
0041U	B BRGDRFERI ANTB 5 PRTN IGM
0042U	B BRGDRFERI ANTB 12 PRTN IGG
0316U	B BRGDRFERI LYME DS OSPA EVL
0580U	BBRGDRFERI LD ANTB DETCJ 31
0615U	BBRGDRFERI LD ANTB DETCJ 26

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made: Combined #1 (symptomatic for Lyme disease) and #2 (extreme conditions potentially caused by undiagnosed Lyme disease) into one statement and added 1.a. “For individuals with early signs and symptoms of untreated Lyme disease (see Note 1) who have a known tick exposure or a known environment exposure (e.g., outdoor activities, contact with wildlife)” and 1.b. “ For individuals with later signs and symptoms of untreated Lyme disease (see Note 1) who may or may not have a known tick exposure.” Added new #2 “When symptoms persist for individuals who tested negative by serologic testing, repeat serologic testing (no sooner than four weeks after previous test) may be reimbursable.” #3.a replaced reference to endemic regions to “see Note 1)”; #3.b. removed “living in endemic areas” as asymptomatic individuals should not be screened for Lyme disease. Added new Note 1 to define signs/symptoms of early and late untreated Lyme disease and note that individuals presenting with erythema migrans rash should be clinically diagnosed and treated without a need for laboratory testing. References revised.
02/18/2026	04/01/2026: Added code 0615U effective 04/01/2026.
08/01/2025	10/01/2025; Added code 0580U effective 10/1/2025.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. References

	revised; some added, others removed.
11/1/2022	11/01/2022: New policy